

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | S.2 | | 08-30-01 |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | A.T.d | 640 | 9-28-01 |
| RESPONSE FORMALITY REVIEW | H.S | 866 | 11-14-01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------|---------|
| Final | |
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If more than 150 claims or 10 actions
staple additional sheet here

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